

MICHIGAN DEPARTMENT OF AGRICULTURE
FOOD AND DAIRY DIVISION
DAIRY SECTION
P.O. BOX 30017
LANSING, MI 48909

MANUFACTURING DAIRY PLANT LICENSE APPLICATION

(In accordance with Act 267, PA 2001)

FOR DEPARTMENT USE ONLY

LICENSE #

DATE PRINTED

EXPIRATION DATE

☐ Mfg Receiving Station

☐ Mfg Transfer Station

☐ Mfg Single Service Facility

☐ Mfg Plant – Products Produced:
 ☐ Condensed/Dry
☐ Frozen Desserts
☐ Cheese

FEE: \$50.00

FEDERAL ID NO.

LEGAL NAME / DBA / TRADE NAME

☐ NEW
☐ RENEWAL

STATE I.D. #

26 -

STREET/ROAD ADDRESS

TELEPHONE

()

CITY

ZIP CODE

FAX

()

LICENSEE / OWNER(S) / PRINCIPAL STOCK HOLDERS OWNING IN EXCESS OF 35% OF STOCK:

COUNTY

FISCAL YEAR END (Mo./Day)

1. _____

3. _____

2. _____

4. _____

HIGHEST MONTHLY VOLUME OF MILK RECEIVED IN PAST 12 MONTHS OR HIGHEST
ANTICIPATED VOLUME FOR NEXT 12 MONTHS: _____ lb.

NAME OF FINANCIAL INSTITUTION MILK CHECKS ISSUED THROUGH: _____

NAME/LOCATION OF PRODUCER ASSOCIATION(S) USED (attach additional sheets if necessary)

1. _____

3. _____

2. _____

4. _____

ATTACH LIST OF INDIVIDUAL MILK PRODUCERS SHIPPING MILK TO THIS PLANT, INCLUDING ADDRESS AND PERMIT NUMBER

PRODUCER SECURITY TYPE

(MDA must be notified 90 days prior to a change in type of producer security.)

☐ Certified, audited financial statement. If most recent statement has not been submitted, please submit with application.

☐ Bond, irrevocable letter of credit, or other security equal to the value of the greatest milk receipts that the milk plant has received within a consecutive 30-day period during that milk plant's most recent fiscal year or the value of the greatest milk receipt that the milk plant is anticipated to receive during a consecutive 30-day period within the licensing year.

Type: _____ Amount: _____

Expiration Date: _____ Surety Company: _____

☐ Prepayment Agreement (Cash Payment)

☐ Exempt – Reason: _____

The above information is provided for the purposes of obtaining a license under Act 266, P.A. 2001. I certify that,
to the best of my knowledge, this information is true. (Signed) **AUTHORIZED AGENT**

TITLE

DATE

MICHIGAN DEPARTMENT OF AGRICULTURE - AUTHORIZED AGENT

TITLE

DATE